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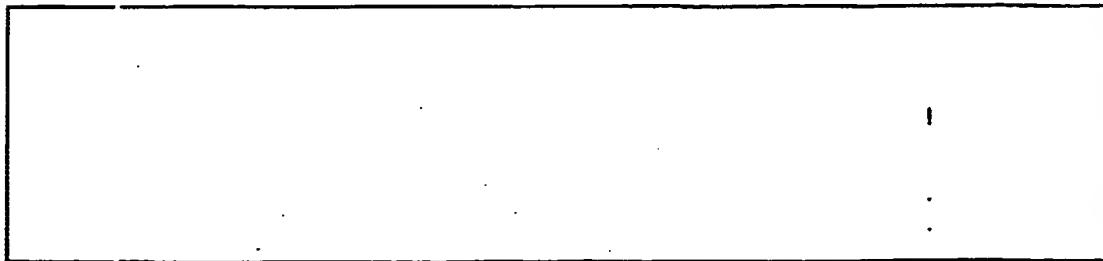
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FAX NO.: (973) 724-5552  
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**TO FAX PHONE NO.:** (703) 872-9306**DATE:** 11 March 2005**ATTN:** Petitions**Desk Phone:****FROM:** Robert C. Beam**Desk Phone:** 973-724-3411**SUBJECT:** SN 10/064661. Filed 08/05/2002, BIOREMEDIATION OF  
NITROGENOUS CONTAMINANTS, by Brodman, Bruce, et. al.

Pages sent including header: 6

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PTO/SB/017 (11-04)

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# FEE TRANSMITTAL For FY 2005

Applied claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(8) \$1500.00**

## Complete If Known

Application Number	10/064661
Filing Date	08/05/2002
First Named Inventor	BRODMAN, Bruce, et. al.
Examiner Name	Lilling, Herbert J.
Art Unit	1651
Attorney Docket No.	2001-012

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  
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Deposit Account **19-2201**  
 Deposit Account Name **Headquarters, Army Material Cmd**

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## FEES CALCULATION

### 1. BASIC FILING FEE

Fee Description	Fee (S)	Small Entity Fee (S)	Fee Paid (S)
Utility Filing Fee	7-10	195	_____
Design Filing Fee	3-10	175	_____
Plant Filing Fee	5-10	275	_____
Reissue Filing Fee	7-10	395	_____
Provisional Filing Fee	1-10	80	_____

**Subtotal (1) \$**

**Subtotal (1) \$ 1500.00**

### 2. EXTRA CLAIM FEES

Fee Description	Fee (S)	Small Entity Fee (S)	Fee Paid (S)
Each claim over 20	15	9	_____
Each independent claim over 3	88	44	_____
Multiple dependent claims	300	150	_____
For Reissues, each claim over 20 and more than in the original patent	18	9	_____
For Reissues, each independent claim more than in the original patent	88	44	_____

**Total Claims** **Extra Claims** **Fee (S)** **Fee Paid (S)**  
 - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_

HP = Highest number of total claims paid for, if greater than 20

**Independent Claims** **Extra Claims** **Fee (S)** **Fee Paid (S)**  
 - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_

HP = Highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims** **Fee (S)** **Fee Paid (S)**  
 \_\_\_\_\_

**Subtotal (2) \$0**

### 2. OTHER FEES

Fee Description	Fee (S)	Small Entity Fee (S)	Fee Paid (S)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure sum. fee	180	180	_____
37 CFR 1.17(e) processing fee	50	50	_____
Non-English specification	150	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other Petition Fee			<b>1500.00</b>

**Subtotal (3) \$ 1500.00**

## SUBMITTED BY

Signature		Registration No. Attorney/Agent 28182	Telephone 973-724-6595
Name (Print/Type)	<b>ROBERT CHARLES BEAM</b>		

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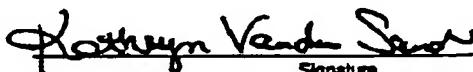
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This and ALL 5 preceding pages refer to Application 10/064661 Filed 01/05/2002 TITLE:  
BIOREMEDIALION OF NITROGENOUS CONTAMINANTS  
Fax Header Sheet (1 Sheet, Text)  
Petition for Revival of An Application for Patent Abandoned Unintentionally Under 37 CFR  
1.137(b) (2 Sheets, Text)  
Fee Transmittal Sheet (1 Sheet, Text)  
Issue Fee Transmittal Sheet (1 Sheet, Text)  
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